

Guidelines for OVHA Coverage

Item: Trapezes and other bed mobility aids

Definitions:

Bed mobility is defined as movement within a bed, for repositioning. Moving side to side, or up and down in a bed, or lifting part of the body up from the bed, or getting from supine to sitting are all considered bed mobility. Transfers involve leaving the bed and so are not considered part of bed mobility.

Bed mobility aids are devices that assist in the performance of bed mobility. Devices that lift an individual off the bed (lifts) or that move them from the bed to another surface (transfer devices) are not considered bed mobility devices, although some of these devices have a bed mobility function. For example, the primary purpose of a mobile mechanical lift ("hoyer") is for transfers, but it can be used to reposition an individual in bed if necessary.

A trapeze is an overhead bar that is suspended from a frame, which may be freestanding or attached to the bed.

Guidelines: An individual may qualify for coverage of a bed mobility device if:

- Beneficiary has a medical condition that impairs the ability to move in bed AND
- The device has been prescribed by a practitioner who is active with VT Medicaid and is knowledgeable about mobility techniques and devices, such as a physician, physical or occupational therapist AND
- The beneficiary has been evaluated for bed mobility skills and the beneficiary and caregivers have received training in proper bed mobility techniques AND
- The device prescribed is the least expensive, medically necessary device required to assist with bed mobility.

For a trapeze device, additional guidelines include:

- Beneficiary must require the device to elevate the lower part of the body (for example, for bedpan use, or for changing bedclothes, or for pressure relief). A trapeze is not effective for transitioning from supine to sit, or getting out of bed AND
- Beneficiary must not be able to perform the above activities without the device (for example, many individuals can roll to either side for a change of bed clothes, or can perform a bridge or a roll to the side for bedpan placement, or can roll or bridge for pressure relief) AND
- Beneficiary must have no medical contraindications for lifting a significant part of their body weight with their upper extremities, such as shoulder injury or hypertension.
- Freestanding trapeze equipment will be considered if it is less expensive than the type which attaches to the bed, particularly if a hospital bed will also need to be ordered to accommodate the trapeze. Either device must meet the individual's medical needs (M106.3).

Applicable Codes:

E0910 Trapeze bars, also known as Patient Helper, attached to bed, with grab bar.

E0940 Trapeze bar, freestanding, complete with grab bar.

E1399 Durable medical equipment, miscellaneous. This code should be used for bed mobility equipment that does not have specific coding of its own. For example, the Bed Bar which is a bedside bar that fastens to the bedframe or has a stabilizing piece that slips under a mattress, used for 'supine to sit' mobility. Another example is the use of the Phil-E-Slide, a tube of slippery material that is used to assist in rolling up, down, or side to side in bed.

Cautions: All individuals with bed mobility issues should be evaluated by a therapist to determine the best techniques or devices to use. Caregiver training is imperative to avoid injury during bed mobility assistance. Good bed mobility is vital to avoid loss of skin integrity, and should be part of a comprehensive program that includes nutrition, skin care, therapeutic exercise to preserve/increase strength, and good pulmonary toilet.

Required Documentation:

- Current, complete Certificate of Medical Necessity AND
- Supporting documentation demonstrating that the beneficiary has a medical condition that impairs the ability to move in bed AND The device has been prescribed by a practitioner who is active with VT Medicaid and is knowledgeable about mobility techniques and devices, such as a physician, physical or occupational therapist AND The beneficiary has been evaluated for bed mobility skills and the beneficiary and caregivers have received training in proper bed mobility techniques AND The device prescribed is the least expensive, medically necessary device required to assist with bed mobility. Other less expensive techniques or devices that have been trialled or considered should be recorded, along with the reason that they were not successful. For a trapeze device, additional supporting documentation must include that the beneficiary must require the device to elevate the lower part of the body (for example, for bedpan use, or for changing bedclothes, or for pressure relief). A trapeze is not effective for transitioning from supine to sit, or getting out of bed AND that the beneficiary must not be able to perform the above activities without the device (for example, many individuals can roll to either side for a change of bed clothes, or can perform a bridge or a roll to the side for bedpan placement, or can roll or bridge for pressure relief) AND that the beneficiary must have no medical contraindications for lifting a significant part of their body weight with their upper extremities, such as shoulder injury or hypertension. Freestanding trapeze equipment will be considered if it is documented that it is less expensive than the type which attaches to the bed, particularly if a hospital bed will also need to be ordered to accommodate the trapeze. Either device must meet the individual's medical needs (M106.3).

References:

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Alexander NB et al. Bed mobility task performance in older adults. J Rehabil Res Dev. 2000 Sep-Oct;37(5):633-8.

The Bed Bar, New Medical Assistive Device for disabled, elderly, rehabilitation, physical therapy. Brown Engineering Corp. www.bedbar.com.